Dept. of Natural Resources
Bureau of Drinking Water
P.O. Box 7921
Madison, WI 53707

VOLATILE ORGANIC ANALYSES
FROM COMMERCIAL LABORATORIES

Form: 3300-218
Rev: 01/02

Section I: To be completed by the Department of Natural Resources

System Name: _____ City: _____

Pws Id#: _____ County Code: __ __ Route Code: __ __ __ __

Entry Point ID: __ __ __ WI Unique Well No: __ __ __ __ __ __

Sampler Phone/Name/Address

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than $10 nor more than $5000, or by a fine of not less than $10 nor more than $100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80(9). Personally identifiable information on this form will be used for no other purpose.

System Type:
- ___ (MC) Municipal Community
- ___ (OC) OTM Community
- ___ (NN) Nontransient Noncommui
- ___ (TN) Transient Noncommunity

Source Code:
- ___ W Well
- ___ E Entry Point
- ___ D Distribution

Sample Type:
- ___ D (SDWA) Compliance Sample
- ___ C (SDWA) Confirmation
- ___ W Raw Water Sample
- ___ I Investigation Sample

Collect sample between: ____/___/_____ **and** ____/___/_____ **Return results to DNR by:** ____/___/_____

Section II: To be completed by SAMPLER

Sample Collection Date ___/___/_____ Time: __ __ : __ __ ☐ a.m. ☐ p.m.

Sample Point Address: _____

Sample Point Descrip: _____

First Initial and
Last Name of Sampler: __ - _____

Section III: To be completed by LABORATORY OFFICIAL. Report analytical results on back.

☐ **Check here if some or all of the parameters were analyzed by a subcontracted lab.**
NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory ID Number: __ __ __ __ __ __ __ __ __ __

Laboratory Name: _____

Date Sample Received: ____/____/_____

Time Sample Received: __ __ : __ __

Laboratory Sample ID: __ __ __ __ __ __ __ __ __ __

Signature of Receiving Lab Official: _____

Date Reported: ____/____/_____

Condition of Sample Upon Receipt: _____

Section IV: To be completed by WATER SUPPLY SYSTEM OFFICAL after analysis has been done.

I certify that I personally examined and am familiar with all information submitted on this document and all attachments and that, based on my inquiry of those individuals responsible for obtaining the information. I believe that the information is true and accurate, and complete. I also certify that the values being submitted are the actual values found in the sample; no values have been modified or changed in any manner.

Signature: _____ Title: _____

Date Signed: _____

VOLATILE ORGANIC ANALYSES System Name: _____

This page to be completed by WATER SUPPLY SYSTEM OFFICIAL or by laboratory performing analysis.

PWS ID: _____

Lab Sample ID: _____

Storet Code		Parameter	SDWA Method	MDL	Results	MCL	Units
34030		BENZENE				5	UG/L
81555		BROMOBENZENE					UG/L
32101		BROMODICHLOROMETHANE				100	UG/L
32104		BROMOFORM				100	UG/L
34413		BROMOMETHANE					UG/L
32102		CARBON TETRACHLORIDE				5	UG/L
34311		CHLOROETHANE					UG/L
32106		CHLOROFORM				100	UG/L
34418		CHLOROMETHANE					UG/L
77275		O-CHLOROTOLUENE					UG/L
77277		P-CHLOROTOLUENE					UG/L
32105		DIBROMOCHLOROMETHANE				100	UG/L
77596		DIBROMOMETHANE					UG/L
34566		1,3-DICHLOROBENZENE (M-)					UG/L
34536		1,2-DICHLOROBENZENE (O-)				600	UG/L
34571		1,4-DICHLOROBENZENE (P-)				75	UG/L
34668		DICHLORODIFLUOROMETHANE					UG/L
34496		1,1-DICHLOROETHANE					UG/L
34531		1,2-DICHLOROETHANE				5	UG/L
34501		1,1-DICHLOROETHYLENE				7	UG/L
77093		1,2-DICHLOROETHYLENE CIS				70	UG/L
34546		1,2-DICHLOROETHYLENE, TRA				100	UG/L
34423		DICHLOROMETHANE				5	UG/L
34541		1,2-DICHLOROPROPANE				5	UG/L
77173		1,3-DICHLOROPROPANE					UG/L
77170		2,2-DICHLOROPROPANE					UG/L
77168		1,1-DICHLOROPROPENE					UG/L
34561		1,3-DICHLOROPROPENE					UG/L
34371		ETHYL BENZENE				700	UG/L
71880		FORMALDEHYDE					
34391		HEXACHLOROBUTADIENE					UG/L
77223		ISOPROPYLBENZENE					UG/L
77356		ISOPROPYLTOLUENE P					UG/L
77885		METHANOL					
78032		METHYL T-BUTYL ETHER					UG/L
34301		CHLOROBENZENE				100	UG/L
34696		NAPHTHALENE					UG/L
77128		STYRENE				100	UG/L
77562		1,1,1,2 TETRACHLOROETHANE					UG/L
34516		1,1,2,2 TETRACHLOROETHANE					UG/L
34475		TETRACHLOROETHYLENE				5	UG/L
34010		TOLUENE				1000	UG/L
34551		1,2,4-TRICHLOROBENZENE				70	UG/L
34506		1,1,1-TRICHLOROETHANE				200	UG/L
34511		1,1,2-TRICHLOROETHANE				5	UG/L
39180		TRICHLOROETHYLENE				5	UG/L
34488		TRICHLOROFLUOROMETHANE					UG/L
77443		1,2,3-TRICHLOROPROPANE					UG/L
81611		TRICHLOROTRIFLUOROETHANE					
77222		1,2,4-TRIMETHYLBENZENE					UG/L
77226		1,3,5-TRIMETHYLBENZENE					UG/L
39175		VINYL CHLORIDE				0.2	UG/L
79724		XYLENE TOTAL				10000	UG/L

* Health Advisory

Approved By QA Officeer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: _____